

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 16-JUN-2018	TIME 0215	ADDRESS OF OCCURRENCE S COMMERCIAL AVE CHICAGO, IL 60617		LOCATION CODE 303	BEAT/OCCUR. 0424	VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO			
	BUSINESS NAME		<input checked="" type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)		ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER		<input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE			
	EVENT NO. 18248	RD NO. JB308950	IR NO.	CB NO.	CHARGE		INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL	WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	<input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> VAN/BUS	<input checked="" type="checkbox"/> OTHER: ARMORED		MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR	
INVOLVED MEMBER	RANK 9161	LAST NAME MOLINA		FIRST NAME LUIS	EMPLOYEE NO.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE	AGE 51	HT. 511	WT. 200
	DATE OF APPT. 13-DEC-1993	UNIT & BEAT OF ASSIGN. 353 4662	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling		<input checked="" type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input checked="" type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)			
SUBJECT INFORMATION	LAST NAME LLAMAS		FIRST NAME LUIS		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE HISPANIC	D.O.B. 1993	HT. 510	WT. 180
	ADDRESS		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force		<input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Drugs <input checked="" type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> Mental Illness / Emotional Disorder <input type="checkbox"/> SLF INFLICTD	
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify)		<input checked="" type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK		<input type="checkbox"/> Subject Alleged Injury <input checked="" type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal	
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:			
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE				<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE			
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> KNEE/LEG STRIKE				<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)			
	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> MOUTH/TEETH/SPIT				<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE			
MEMBER'S RESPONSE (Check all that apply)	<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> PUSH/SHOVE/PULL		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN			
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:			
	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WRESTLE/GRAPPLE		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input checked="" type="checkbox"/> Member at Gunpoint			
							<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon			
WEAPON DISCHARGE	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		IF YES, IDENTIFY MANNER OF ATTACK		MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Struck/Blunt Force (Including Attempt)		<input type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)	
	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Processing/Transporting/Guarding Arrestee		<input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Other				Charge:		Charge:	
	<input type="checkbox"/> Investigatory Stop <input checked="" type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative						IUCR CODE:		IUCR CODE:	
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Subject Armed with Weapon		<input checked="" type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression		<input checked="" type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional					
	FORCE MITIGATION EFFORTS					CONTROL TACTICS				
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE					<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OTHER				
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input checked="" type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER					<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CRISIS NEGOTIATION				
WEAPON DISCHARGE	RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPONS				
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> OTHER NOISE FLASH DIVERSIONARY DEVICE					<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL				
	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE					<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN				
	<input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON					<input checked="" type="checkbox"/> OTHER LESS LETHAL SHOTGUN				
WEAPON DISCHARGE	*AUTHORIZED BY (NAME)					RANK				
	STAR NO.					UNIT NO.				
	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> TASER <input checked="" type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> OTHER LESS LETHAL SHOT		WEAPON SERIAL NO. L289055		WEAPON CERT. NO.			
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON					
WEAPON DISCHARGE	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT					
					<input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN					
	TASER DISCHARGE ONLY		TASER DART ID NO.		PROPERTY INVENTORY NO.		PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
	FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS FIRED 1		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/MANUFACTURER BUSHMASTER FIREARMS	
WEAPON DISCHARGE							ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
									DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): ☒ IMMEDIATE SUPERVISOR ☒ DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): ☒ OEMC ☒ CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name)
MOLINA, LUIS

STAR/EMPLOYEE NO.
7996

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☒ Gun Shot ☐ None / None Apparent ☐ Minor Laceration/Abrasion ☐ Laceration Requiring Sutures ☐ Fatal ☒ Intentional Act by Member ☐ Intentional Act by Self ☐ Intentional Act by Other ☐ Minor Swelling ☐ Complaint of Substantial Pain ☐ Broken/Fractured Bone(s) ☐ Other (Explain) ☐ Unintentional Act by Member ☐ Unintentional Act by Self ☐ Unintentional Act by Other

WITNESSES
UNK

LAST NAME FIRST NAME M.I. SEX RACE DATE OF BIRTH
ADDRESS CHICAGO, IL TELEPHONE NO. WITNESS INTERVIEW
☐ INTERVIEWED ☐ NOT AVAILABLE ☐ OTHER (Specify)
WITNESS STATEMENT

REVIEWING SUPERVISOR: COMMENTS

IRT AND COPA ARRIVED ON SCENE, SUPPLEMENTAL REPORTS, INCLUDING WITNESS STATEMENTS WERE SUBSEQUENTLY PREPARED

ATTACHMENTS: ☐ CASE REPORT ☐ ARREST REPORT ☐ SUPPLEMENTARY REPORT ☐ INVENTORY ☐ IOD REPORT ☐ TASER DOWNLOAD ☐ OTHER

REVIEWING SUPERVISOR:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☐ LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED.

☒ I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print)
PARK, DAVID

STAR NO.
1006

SIGNATURE

DATE/TIME COMPLETED
16-JUN-2018 0927

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:
1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:

- THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
- CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
- DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		EVENT NO.	RD NO.
	16-JUN-2018	0215	[REDACTED] S COMMERCIAL AVE CHICAGO, IL 60617		18248	JB308950
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	MOLINA	LUIS	[REDACTED]		
	SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX
	LLAMAS		LUIS			<input checked="" type="checkbox"/> M <input type="checkbox"/> F
					RACE	D.O.B.
					WWH	[REDACTED] 993

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Death of offender by self inflicted GSW

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☐ ADDITIONAL ATTACHMENTS

As of this report no further action by the undersigned is required. The investigation into the incident will be done by the Investigative Response Team (IRT) and the Civilian Office of Police Accountability (COPA). Based on the facts available at this time further investigation is needed. This TRR should be read in conjunction with all other reports and additional TRRs.

LT OR ABOVE/INCIDENT COMMANDER:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:

1029896

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☒ A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? ☐ NO ☒ YES, DESCRIBE BELOW:

☒ OTHER:

Traumatic Incident Stress Management Program

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO

☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

VALADEZ, FRANCIS A

STAR NO.

484

SIGNATURE

[REDACTED]

DATE/TIME COMPLETED

20-Jun-2018 2134

Log # 108 9886 Att. 6

Log #1089886

AK6